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County	Harfora	MULBIA WORPORA	TO LIMITE NO	Registr	ration Dist. No. 18.	5
Village or	Havrea	e Grace	No. (If death occurred in	Thio A	II St.,	Wa
Length of re	sidence in city or town when	e death occurred / 6 yrs. 3	mos. H	low long in U.S. if of foreign bir	th?yrs	_mos
2. FULL N	ME Morl	on Harle	y lina	rent		
(a) Reside	ence: No.	heo !	St.,	Ward.		
PERSO	NAL AND STATIS	(Usual place of abode) TICAL PARTICULARS		MEDICAL CERTIFIC	CATE OF DEATH	
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED		OF DEATH	5 /	
Male	white	OR DIVORCED (write the word		June (Month)	/ 2 6 (Day)	, 198 2 (Year)
5a. If married, wide HUSBAND of (or) WIFE of	Relina	a andrew	22. Juni	HEREBA CER	TIFY. That I attend	ed despased f
S DATE OF RIGHT	(month, day, and year)	Dec. 12, 185	6 Hast saw has	m alive on June	p67 193	2 death is
	ears Months	Days If LESS tha	n to have occurr	ed on the date stated above, at.	310 P.m.	
7	5 6	14 1 day,	hrs. The PRINCIPA	AL CAUSE OF DEATH and relaters:	ed causes of importance	Date of on
8. Trade, proteind of SAWYE	fession, or particular work done, as SPINNER	box Tou deat los	*)		
H 1	R, BOOKKEEPER, etc.	o -	many for	401.00		
work w	as done, as SILK MILL, ILL, BANK, etc.	emelery		To y w		
O TD. Date dece	esed last worked at cupation (month and deser	11. Total time (years) spant in this 16	430			
year) _	1/1	occupation	Other Contribu	utory Causes of Importance:		
12. BIRTHPLACE (State or co		your so - ice.		tous Se	1	
13. NAME	rilliam St.	andrew-	()			
I	CE (city or town) Mars	ord Country	Name of opera	ition	Date of	
4.7	or country)	areland 1'		irmed diagnosis?		
15. MAIDEN N	AME Saras	el mach		s due to external causes (VIDLE		
p=)	CE (city or town)		Accident, suici	ide, or homicide?	Date of injury	, 19
≥ (State	or country)	w york.	Where did inju	Jry occur?		
17. INFDRMANT _ (Address)	Mrs. Mel	inda lindrew	Specify wheth	er injury occurred in INDUSTRY	city or town, county and S 7, In HOME, or in PUBLIC	PLACE.
18. BURIAL, CREM		1 10.	Manner of inju	Jry		
Place	gu Hou cu	M: Dete fermed, 19	Nature of inju	ry		
19. UNDERTAKER :	Havre de	Gras Mitchell	24. Was disease	or Injury In any way related to	o occupation of deceased?	
20. FILED Jun	e 29,1932 6k	achel & Loley To	(Signed).	James &	6. Day	1/

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I WED	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

S. No. 1

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PLACE OF DEATH	STATE OF MARYLAND
County HarfiralCo	CERTIFICATE OF DEATH
	(20-9) Registration Dist. No. 83
Village or City Carrellewille (No	St.: Ward) (If death occurred least hospital or institution, give its NAME in stead of street annumber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day)	I HEREBY CERTIFY, That I attended the deceased from Luciden Da Th 1932 to June 16 , 1932 that I last saw h am alive on Lucidens Death 1921
7 AGE If LESS e I day	hrs. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or Truck Diver	truck upratting Crusting
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos Cardol
9 BIRTHPLACE (State or country) Wary law of	Contributory Secondary (Durstion) yrs. mos. de
FATHER Waller ayers	(Signed) N. F. Bradley M. D.
11 BIRTHPLACE OF FATHER (Stato or country) 12 MAIDEN NAME (Stato or country)	*State the Discase Cateing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Katherine Jumes	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Way land	At place of death
(Informant) Aly Buss Source	if not at place of dea.h? Former or usus! residence
(Address) 6/2- / Road Touser	Paradoul . W. E. Con June 19193
Filed une 16 1922 Thomas R Brown Registral	
If more blanks are needed, addre.s Ltate Regi	strar, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, nature of the business or industry, and therefore an Civil engineer, Physician, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. to report specifically the occupations of persons en-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on or yrs). (b) Cotton mill; (a) At Home, and children, Compositor, (6) For persons who have no occupation Stationary fireman, etc. But in many If the occupation has been changed Automobile factory. The Architect, Salesman, Locomotive engineer, not gainfully em-(b) material Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

RECEIVED

If his errificate is looked ver thoroughly and all questions the weed in death in the preven further correspondence. All the data is set that must be obtained before the certificate is "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," approved by Committee tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lings, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, . (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiinterstitial nephritis, resulting from childbirth or miscarriage as cough; intercurrent) affection need not be Chronic The nature of the injury, etc. valvular heart Nomenclature The contributory Measles; disease;

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPA.

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V. S. No. 1

/		STATE OF MARYLAND—	CERTIFICATE OF DEATH
	1	L PLACE OF DEATH	(23)
		County Starford TEIN CORPORATE LIMITE OF	Registration Dist. No. 185
		Village or City Roba de Grace,	No. St., Ward
			death occurred in a hospital or institution, give its NAME instead of street and number)
		OL ON	ds. How long in U.S. if of foreign birth?yrsmosds.
	1	2. FULL NAME Travell Buller	·················
		(a) Residence: No. Survey (Usual place of abode)	st., Ward.
	parking:	PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
	3.	SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
(4	OR DiVORCED (write the word)	June 2 198 3Z
	5a.	If married, widowed, or, divorced	(Month) (Day) (Year)
		-HUSBAND of (or) WIFE of Proceedings	22. HEREBY CERTIFY That I attended deceased from
		10000000	June 2 , 193 2, to June 3 , 19 3 2
ate.		DATE OF BIRTH (month, day, and year) Novs, 27-1873	I lad sow h. 27. alive on
ifica	7.	AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
certificate	-	38 6 8 ormin.	were as follows:
o jo	NO	8. Trade, profession, or particular kind of work done, as SPINNER,	De anno 1 la f
	OCCUPATION	SAWYER, BOOKKEEPER, etc. Would with 9. Industry or business in which	Julmo my July sculous
back	SUP	work was done, as SILK MILL, SAW MILL, BANK, etc	
on	Ö	10. Date deceased last worked at this occupation (month and spent in this	
Su	-	year) occupation	Other Coutributory Causes of importance:
instructions	12.	BIRTHPLACE (city or town) delscale:	Other Countries of Importance.
tru	~	(State or country) warelund.	
ins	FATHER	13. NAME Kiellard Juard	
See	FAT	14. BIRTHPLACE (city or town)	Name of operation Date of
		(State or country) Mary Gould.	What test confirmed diagnosis? Was there an autopsy?
ant	MOTHER	15. MAIDEN NAME Clya Herriery.	23. If death was due to external causes (VIOL ENCE) fill In also the following:
ort	MO TO	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Date of injury, 19
mp		(State or country) Maryand.	Where did injury occur? (Specify city or town, county and State)
very important.	17.	INFORMANT (Address)	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
ve	18.	BURIAL, CREMATION, OR REMOVAL	Manage of Indian
13		Place It formes Celloate Sure 7, 19 32	Manner of injury
TION		TP - +1 +8	
E	19.	(Address)	24. Was disease or injury in any way related to accupation of deceased. If so, specify
	-	1.23 Chante O Fall MY	(Signed) M. D.
	20.	FILED Use 1, 1932 Charles & Dely 12.	(Address) Olde Aypal Mill
		If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related eauses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

Exact statement of OCCUPA. PHYSICIANS -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every stated EXACTLY. properly classified. FOR BINDING See instructions on back of certificate. mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be MARGIN RESERVED important. very

TION is

V. S. No. 1 8

should state

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(137)
County Harford	Registration Dist. No. 182
Village or City Boll air P. J. K).	No. Countly Home St., Ward death occurred in a hospital or systitution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME GLORGE () Soud	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH COMMON (Day) (Year)
5a. If married, widowed, a divorced HUSBAND of (or) WIFE of Elegabeth Pond	22. THE BEBY CERTIFY. That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) about Oct. 1st, 18	I last sew ham elive on may 20 ,1932; death is said
7. AGE Years Months Days If LESS than	to heve occurred on the dete stated above, et
79 7 lady,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:
8. Trede, profession, or particular kind of work done, es SPINNER,	Ozivoroneet
SAWYER, BOOKKEEPER, etc.	Chronic prostable
work was done, es SILK MILL, square to of County	Hyperhoply 1720.
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, es SILK MILL. SAW MILL, BANK, etc. 10. Oate deceased last worked et this occupetion (month end year) occupation.	J
R. D. Min.	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Wary land (State or country)	
13. NAME Unlenown 14. BIRTHPLACE (city or town) Unlenown	
14. BIRTHPLACE (city or town) UNCONOUS	Neme of operation Dete of
(State of country)	What test confirmed diegnosis? Was there en eulopsy?
15. MAIOEN NAME Photos Thall 16. BIRTHPLACE (city or town) Bl. (State or country)	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(Stete or country) houghand	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT & CHARLEST MARKETTER (Address)	Specify whether injury occurred in INOUSTRY, in HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL)	Manner of injury
Placelmon M. E. Cuillerge June la , 1932	Neture of injury
19. UNDERTAKER Therety Tarking Y Source (Address)	24. Wes disease or injury In any wey related to occupation of deceased?
20. FILED June 1., 1932 1. E. Richardson Registrar.	(Signed) Willard P. Hudson M. D. (Address) Frust Kill Ma
Acgistrat.	(Addison)

CEDTICIOATE OF DEATH

CTATE OF HADYLAND

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONA	SPACE FOR	FURTHER STATEM	ENTS BY	PHYSICIAN
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V. S. No. 1

TION is very important. See instructions on back of certificate.

should state item of infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(22-d)
county Harry T	Registration Dist. No. 182
Village or City Adellary	No. St., Ward
Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME (Sulsy)	aulal
(a) Residence: No. Aulston	St., Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) Marciel	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22/ I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Kilher Clayford	august 1931 to fine 6 ,1982
6. DATE OF BIRTH (month, day, and year) March 10, 1881	I last saw h. alive on June 7, 1932; death Is said
7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, atm.
3/ 2/19/10rmin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onagt
8. Trade, profession, or particular kind of work done, as SPIN No.	Hemplesia my/31
kind of work done, as SPINNA SAWYER, BOOKKEEPER, etc. 9: Industry or business In while work was done, as SILK MILL, SAW MILL, BANK, etc.	
TO. Date deceased last worked at this occupation (month and year) spent in this occupation occupation.	
12. BIRTHPLACE (city or town)	Other Contributory Canses of importance:
(State or country) Hally and	High Blood Presence
13. NAME embrose Haulelise	
14. BIRTHPLACE (city or town) (State or country)	Name of operation
(date of county)	What test confirmed diagnosis? Was there an eutopsy?
E 15. MAIDEN NAME Smile Coolor	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
(State of country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMATION (Address)	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Platark Med. Conside Just 10, 192	Nature of Injury
19. UNDERTAKE Sapulage of Stooms	24. Was disease of Injury in eny way for sed to occupation of the ease of
(Address) Besides M.	If so, specify All Gold Challes
20. FILED Serve 9, 1932 M. E. Rich words on	(Signed) M. D

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Pcritonitis	3 days ago
BUREAU V.S.	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

1 4	
1,0	
1861	

This serious for the first of t	٠٠/٠	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City frant Market death occupred Will death occurred in a hoppial or institution, my fin NAME intered direct and number) Length of residence in city of fown where death occurred Yes mod. 2. FULL NAME (a) Residence: No. S. I. S. W. G. Ward. (b) Ward. (a) Residence: No. S. I. S. W. G. Ward. (b) Ward. FERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SNOLLE MARRIED, WINDOWS. 30. BILL STATISTICAL PARTICULARS 5. S. H. H. STATISTICAL PARTICULARS 5. S. H. H. STATISTICAL PARTICULARS 6. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE 7. AGE 7. AGE 7. Years 8. Track, profession, or particular (month and years) 8. Track, profession, or particular (month and years) 8. Track, profession, or particular (month and years) 9. S. Track, profession, or particular (mon	As di	1. PLACE OF DEATH	82-0
Length of residence in city of from where death occurred. 2. FULL NAME (a) Residence: No. 9 3 3 4 2 2 4 3 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5	DOCC	County Varford WITHIR BERFORAS	Registration Dist. No. 185
Length of residence in dry officen where death occurred. 2. FULL NAME A WAR A	should f OCC	Village or City of faure de Grace	Wall
(a) Residence: No. 3 3 10 Capture of St. Ward. (b) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED Crimit by word of Divorced Hillsoand of Growing of World (Ga) villed (Ga) (Feb. 1987) 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED Crimit by word (Ga) villed (Ga) (Ga) (Ga) (Ga) (Ga) (Ga) (Ga) (Ga)	statement of		1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(a) Residence: No. S. I. S. Ward. (Usual place of aboph) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED Country broad of the country wound. 5a. It married, widowed, or divorced HI STATE OF DEATH 1. DATE OF DEATH 2. DATE OF DEATH 3. SEX 6. DATE OF BRATH (month, day, and year) 6. DATE OF BRATH (month, day, and year) 7. AGE 8. Trace, profession, or particular 9. S. Trace, profession, or particular 10. S. Trace, profession, or particular 10. S. Trace, profession, or particular 10. S. Trace, profession, or particular 11. Total time (years) 12. BIRTHPLACE (city or fown). 13. SAM MILL, BARN, etc. 14. BIRTHPLACE (city or fown). 15. SIRTHPLACE (city or fown). 16. SIRTHPLACE (city or fown). 17. INFORMANT (State or country) 18. BIRTHPLACE (city or fown). 19. Secondary 19. Was test condition. 19. Manner of injury occurred in INDUSTRY, in MOME, or in PUBLIC PLACE. 29. Filed Males Again Country 19. Manner of injury. 20. Filed Males Again Country 20. Filed Males Again Country 21. Manner of injury 22. Vas disease or injury in any way related to occupation of deceased? 19. DATE OF DEATH 19. SPECIAL CARTIFICATE OF DEATH 19. SPECIAL CARTIFICATE OF DEATH 19. SPECIAL CARTIFICATE OF DEATH 21. DATE OF DEATH 22. Males and Males Again Country 22. Vas disease or injury in any way related to occupation of deceased? 19. OF ILED Males Again Country 20. Filed Males Again Country 21. Manner of injury 22. Vas disease or injury in any way related to occupation of deceased? 22. Vas disease or injury in any way related		Jan 43 . + 11	
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3. SEX 4. COLOR OR RACE OR DIVORCED ("write by word) 5a. It married, widowed, or divorced Himseried, widowed, or divorced Hi			
Second Compared		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
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1 Isat saw hard alive on survey and year) 1. AGE Years Months Days If LESS than to have occurred on the date stated above, at		HUSBAND of C. May 20	
7. AGE Years Months Days II LESS than 1 day		C+81868	, 19 , 10
Sind of work done, as SPINNER. House Utilis. 9. Inputsty or business in which work was done, as SIK MILL. SAW MILL, BANK, etc. 10. Deter deceased last worked at this occupation (month and lay 930 occupation is spint in this occupation (month and lay 930 occupation is spint in this occupation (month and lay 930 occupation occupation). 12. BIRTHPLACE (city or town). (State or country) 13. NAME. Longs. H. Pristour 14. BIRTHPLACE (city of down). (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT (State or country) 18. BURIAL, CREMATION, OR REMOVER. Place Unique Market Confirmed dispussion. 19. Where did Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 19. UNDERTAKER (Address) Have defended for the company of the company			7300 , 19.5 , death is said
Sind of work done, as SINNER Journe Outlies SINUTER BOOKEEPER, etc. 9. Inglistry or business in which work was done, as SIK MILL, SAW MILL, BAHK, etc. 10. Deter deceased last worked at this occupation (month and May 1930) (State or country) 12. BIRTHPLACE (city or town). (State or country) 13. NAME. 14. BIRTHPLACE (city or fown). (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT (State or country) 18. BURIAL, CREMATION, OR REMOVER. Place Un gell with the control of the control		63 Q 23 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Deter deceased last worked at this occupation (month and May 1930) 11. BIRTHPLACE (city or town) (State or country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME, Long, A. Pristock 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BURNAL PREMATION, OR REMOVER (Address) 3/3 8. 20 ashory 4. 19. Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Lare de Grace Md. 19. UNDERTAKER (Address) Lare de Grace Md. 19. (Signed) 10. Date of injury 10. What test confirmed diagnosis? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Lare de Grace Md. (Signed) M. D. (Signed)			Were as follows:
this occupation (month and May 1930 occupation 30 procupation 30 p		SAWYER, BOOKKEEPER, etc. Vouse Oules	Wholy , 1930
this occupation (month and May 1930 occupation 30 procupation 30 p		9. Industry or business in which work was done, as SILK MILL,	Newoulogs
Other Contributory Causes of importanca: Other Contributory Causes of importance: Other Contributory Causes of i		O this occupation (month and the spant in this 2 new	
(State or country) 13. NAME		1 / Dear de la lace de lace de la lace de lace de la lace de lace de lace de lace de la lace de la lace de la lace de la lace de	Other Contributory Causes of importanca:
13. NAME. Pristocs 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 3/3 8. Was there an auropsy? 18. BURIAL, CREMATION, OR REMOVER (Address) 4/3 8. Was there are auropsy? 19. UNDERTAKER (Address) 4/3 8. Was there are auropsy? 19. UNDERTAKER (Address) 4/3 8. Was there are auropsy? 20. FILED Auly 2. 1932 Charles 16/14 8. Was disease or injury in any way related to occupation of deceased? (Signed) 18. Name of operation Nate of confirmed diagnosis? What test confirmed diagnosis? What test confirmed diagnosis? Nate of operation Name of operation Nate of operation Name of operation Nate of operation Name of operation Name of operation Name of			At Andrew
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What test confirmed diagnosis? Was there an auropsy? 15. MAIDEN NAME // Auropare Schritz 16. BIRTHPLACE (city or town)		II.	Manual franchis
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 3/3 5. Washing 4. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 4. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 4. Was disease or injury Nature of Injury 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 4. Was disease or injury in any way related to occupation of deceased? (Address) 4. Was disease or injury in any way related to occupation of deceased? (Signed) (Signed) (Signed) (Signed) (Signed) (Signed)		(State or country)	the property of the second property of the property of the second pr
Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 3/3 3. Washing 4-5- 18. BURIAL, CREMATION, OR REMOVAL Medical for the first occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of Injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Monner of injury 26. FILED July 2, 1932 Clauled Joley 3. D. (Signed) Manner of injury Nature of Injury (Signed) (Signed) Manner of injury (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		15. MAIDEN NAME Margaret Schrita	
Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 3/3 5. TU ashing to State of the Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Harre de Suace Md. 19. UNDERTAKER (Address) Faire de Suace Md. 20. FILED Luly 2, 1932 Clarled Tolly Tolly (Signed) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (In the specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Harring occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Harring occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Harring occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Harring occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Harring occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Harring occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Harring occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Harring occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Harring occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Harring occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Harring occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Harring occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Harring occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Harring occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Harring occurred in INDUSTRY, in HOME, or in INDUSTRY, in		5 16. BIRTHPLACE (city or town) / Md.	
17. INFORMANT (Address) 3/3 5. Washing 7-51 18. BURIAL, CREMATION, OR REMOVER Place Un get State ful 3, 193 Manner of injury Nature of Injury 19. UNDERTAKER (Address) Faire de Krace Md. 20. FILED July 2, 1932 Charlest Solution of Solution (Signed) (Signed) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			Where did injury occur?
Place In gel Hellewite July 3, 1937 Nature of Injury 19. UNDERTAKER (Address) Faire de Enace Md. 20. FILED July 2, 1932 Charles Toley T			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
19. UNDERTAKER (Address) Faire de Grace Md. 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) James 16, Jay, M. D.			Manner of injury
20. FILED July 2, 1932 Charles Toley To (Signed) James 16, Bay, M.D.		Place Ungli / Teller fully 2, 1921	Nature of Injury
20. FILED July 2 , 1932 Charles Toley To (Signed) James 76, Jay, M.D.			
			(Signed) fames 36, Jay, M.D.

Statement of occupation .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill." etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

MOTHER FATHER

STATE OF MARYLAND-	CERTIFICATE OF DEATH #6504
1. PLACE OF DEATH	95-8)
County Nartad	Registration Dist. No. 185
Village or City Co	What I have the mil PEA +1-
Village of OityP_	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	A. ds. How long in U. S. If of foreign birth?mosds.
2. FULL NAME Charles Wesley Col	lins
	Fist. O. # 2 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
Male Black, OR DIVORCED (gurite the word)	Gine 4 10,2
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
(or) with or	19191019
6. DATE OF BIRTH (month, day, and year)	I last saw heart alive on 19.83 death is seid
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 11 0. m.
59 3 27 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
6 kind of work done, as SPINNER, Farmer SAWYER, BOOKKEEPER, etc.	
	Steary Failure ?
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, 92.	oracy succes
10. Date deceased last worked at this occupation (please) spant in this	
this occupation (marked 4.5) spant in this 4.5	
2411-10	Other Coutributary Causes of importance:
12. BIRTHPLACE (city or town) / Tally (State or country)	
I 13. NAME freeth G. Collins	
14. BIRUPLACE (city or town) 11d.	Name of operation Date of
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME Salinea Sulfeet 16. BIRTHPLACE (city or town) TH.d.	23. If death was due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town) 771d.	Accident, sulcide, or homicide? Date of injury, 19
∑ (State or country)	Where did injury occur?
17. INFORMANT Mrs. Leorgia Canno	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Havred Grace Thd #1	, , , , , , , , , , , , , , , , , , , ,
18, BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place been spring em. Date June 1, 1932	Nature of injury
Amedia mit 11	n
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
1 De la	If so, specify Antonic
20. FILED June 6 , 1932 Aseles & Joley M. S.	(Signed) M. D.
/ Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	of the control of the	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

Cou	PLACE OF DEATH			TATE OF MERTIFICATE Registration D	OF DEATH
Village	or City Madonna 2FULL NAME Char	(No		t.:Ward)	(If death occurred a hospital or institution, give its NAME i stead of street ar number.)
	PERSONAL AND STATIST	CAL PARTICULARS	MEDICAL C	ERTIFICATE O	F DEATH
3 SEX	4 COLOR OR RACE White	SSINGLE, MARRIED, WIDOWED. OR DIVORCEO Marri (Write the word)			, 19 92 (Day) (Year)
6 DAT	E OF BIRTH June 24 (Month)	1869 , I	Dac 25-	TIFY, That I atto	nded the deceased from
7 AGE	62 yrs.].]	lf LESS to day or mi	rs. The CAUSE OF DEATH * v		above, at 7.45- n
busin whice	General nature of industry less, or establishment in h employed or (employer) HPLACE tate or country) Harford Co.	Employer Md	Contributory Char.		y18. 5 mosli d
	NAME OF FATHER J. Frank BIRTHPLACE	Devoe	(Signed) H.F. B.	dradley	Tarille Mi
N N N	OF FATHER (State or country) Md s		14	Causing Death, 1) Means of Inju	or, in deaths from
¥	OF MOTHER Fliza G BIRTHPLACE OF MOTHER (State or Country) Md.	. Wright	18 LENGTH OF RESIDEN ients or Recent Resident At place of death yrs mos.	In the	le, Institutions, Tran
	nformant)	Devoe	Where was disease contracted, if not at place of dea.h? Former or usual residence		DATE OF BURIAL
ıs File	(Address) Rocks ed June 8 1932 F	homes P Brown Registrar	Bethel Com. 20 UNDERTAKER 1. G. Kurtz & Sen		June 8 . 152. Address
-	If mare hanks are	needed addre a State Regio	rar. 16 W. Saratoga St., Balto.		

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a whatever, write None. to report Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, specifically the occupations of persons en-For persons who have no occupation (b) Automobile factory. The material 6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Exhaustion," "Heart lanure,
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as by Committee on Nomenclature Example: Measles (disease

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

state

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	95t)
County / far ford	Registration Dist. No. 185
Village or City Thavee - de Brace	No. Thospital St., Ward
	f death occurred in a hospited or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
7.00 (1)	in the state of th
2. FULL NAME dely Notself	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED,	21. DATE OF DEATH
Jemale Colored OR DIVORCED (write the word)	(Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of	
(or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
m 11 180.	19 JZ , to ture 10 1932
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h alive on
1 - 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, Journal of Mark done, as SPINNER, Journal of Mark done, as SPINNER, Journal of Mark done, as SILK MILL, SAW MILL, BANK, etc	Mankey Just Man 184
9. Industry or business in which	armus muguelsica
work was done, as SILK MILL, SAW MILL, BANK, etc.	
and decapation (month and) 2	
year)	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country) Waryland	
13. NAME Joseph Morrey 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation
(State or country) Mary Land	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
(State of Country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Capule Nother	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manage of Indian.
Placelline M. E. Cemelerono June 13, 19.32	Manner of injury
There x 1 / land in an hours	
19. UNOERTAKER, The Country of accepting the Country of the Countr	24. Was disease or injury in any way related to occupation of deceased? If so, specify
0 12 16/1 10/20 2 1	(Signed) A DILLI D M.D.
20, FILEO June 13, 1932 Charles & Joley B. S. Registrar.	(Address) Dan Se Ree Mel
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li	Example II-	
The principal cause of death and related causes of importance were as follows: Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	. 3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
The state of the s			

1 20 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

-WRITE

CAUSE

f7. INFORMAN (Address)

19. UNDERTAKER (Address)

infor-

OCCUPA

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Harford Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred mos.____ds. How long in U. S. if of foreign birth?_____yrs.____mos.____ds. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write tha word) 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFX. That I attended decaased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) I last sa 7. AGE Years If LESS than Months Days to have occurred on the date stated above, at I f day, ____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or_____min. were as follows 8. Trada, profession, or particular OCCUPATION kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc ... 10 Date deceased last worked at f1. Total time (years) this occupation (month and occupation ___ Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (Stata or country) FATHER f3. NAME f 4. BIRTHPLACE (city or town) (State or coontry) What test confirmed diagnosis? Was there an autopsy? HER f5. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: MOTI Accident, suicide, or homicide?______ Data of injury_____, 19_____ 16. BIRTHPLACE (city or town) (Stata or country) Where did injury occur?_____ (Specify city or town, county and State)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Manner of injury

Nature of injury_

If so, specify

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

24. Was disease or injury In any way related to occupation of deceased?.

Data of onset

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Example I	1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were	of death and related causes as follows: $\Omega V \exists \exists \exists \Omega g$	Date of onset
Arteriosclerosis	1915	Attack of epilepsy		1 week ago
Chronic interstitial nephritis	1921	Run over by street car	601 9 700	I week ago
Cerebral hemorrhage	July 5,1927	Peritonitis		3 days ago
			RECEIVED	
Other contributory causes of importance:		Other contributory c	auses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

De Collinson advised	Objected for time of do att
Le Correspondence uns	()
Se covergence con	allahan 1/19/32

S CORD	# # F	PLACE OF DEATH County Harry Village or City Harry No. Ly Care 2FULL NAME Charlotte Cecelia	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. / 8 Md St.: Ward) (If death occurred is a hospital or institution, give its NAME in stead of street and number.)
W.S. No. 1 WRITE PLAINLY, WITH UNFADING INKTHIS IS A PERMANENT	of information should be carefully supplied. ACE should be stuid state CAUSE OF DEATH in plain terms so that it may be prof OCCUPATION is very important. See instructions on back of	PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE MARRIED WIDOWEDS WIDOWESD OR DIVORCED (Write the word) 6 DATE OF BIRTH 7 AGE (Month) (Day) (Month) (Day) (Year) 1933 (Month) (Day) (Year) 16 LESS than I day hrs. or min.? B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 15 Filed Pure 17 1982 Bushus Bushus Registrar If more banks are needed, address State Registrar	Contributory Secondary (Signed) (S
6			1/14

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs. business, that fact may be indicated thus; Farmer (re state occupation at beginning of illness. If retired from ployed as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cupation is very important, so that the relative healthwhatever, write None. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. gaged in domestic service for wages, as Servant, Cook, definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager." "Dealsary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The queslaborer, worked on may form part of the second statement. nature of the husiness or industry, and therefore an Civil engineer, Physicum, tion applies to each, and every person, irrespective of Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, or At Home, For many occupations a single word or term on Farm laborer, without more precise specification as Day Compositor, For persons who have no occupation Stationary fireman, etc. But in many (b) Automobile factory. The material If the occupation has been changed and children, Loborer-Architect, Salesman. (b) -Coal minc, etc. Wom-Locomotive engineer, not gainfully em-Grocery;

Statement of Cause of Death—Name, first, the Diseas. Cause of Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia,")

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart ranne," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease approved (Recommendations on statement of cause of death tetanies) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepeis, carbolic acid—probably suicide. or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Whooping cough; "Atrophy," "Collapse," "Come," "Convulsions, peritonaeum, etc., Careinoma, Sarcoma, etc., oi Never report mere symptoms or terminal condiinterstitial nephritis, vd Committee on Nomenclature of the ngenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage," Chronic The nature of the injury, etc. The contributory valvular heart disease,

	11		00000
- 0	act	PLACE OF DEATH	STATE OF MARYLAND
(M)	ŭ/	County of artord	CERTIFICATE OF DEATH
/>	ed.	na	Registration Dist. No.
CORD	iassif te.	Village or City// Ull Grunold Fi	St.: Ward) (If death occurred is a hospital or institution, give its NAME is stead of street annumber.)
RE	2 77 0	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MANENT	e pr	Male Male (Write the word)	16 DATE OF DEATH 7 , 1892 (Month) (Day) (Year)
A PERM	at it m	6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw hm. alive on June 7 19252
ED FO		7 AGE 7 AGE 1 If LESS than I day hrs. or min.?	and that death occurred on the date stated above, atm The CAUSE OF DEATH * was m follows:
> 7	Seed	(a) Trade, profession or Bookeys (b) General nature of industry	
RES G	in p	business, or establishment in which employed or (employer)	(Duration)yre de
GIN	ATH	9 BIRTHPLACE (State or country)	Contributory Secondary (Duration)yrsmosde
MAR H UNF	C F S Ve	10 NAME OF FATHER Granklin Gardon	(Signed) Tohar la Tamas M. D. June 8 1952 (Address) Surg 19 ang
WIT	SZ	OF FATHER (State or country) Pa	*State the Disease Causing Death, et, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
LY,	0 0 L	of MOTHER Margarett Findley	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
LAIN	m 42 m	13 BIRTHPLACE OF MOTHER (State or country)	At place of deathyrsnosds. In theyrsnosds.
ITE P	houi	(Informant) Mr. a. F. Lardow	if not at place of death?
WRI	CIANS	(Address) Street, mof	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	0 to 1	Filed My & 1923 Y M W Registrar	26 UNDESTANER Bailing Parlington
Z		If more banks are needed, address State Registral	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook laborer, Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know cases, especially in industrial employments, it is neces-Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager." "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, tion applies to each and every person, irrespective of Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Form loborer. without more precise specification as Day For persons who have no occupation (b) Automobile foctory. The material (a) the kind of work and also (b) the Laborer-Solesmon. (b) -Coal mine, etc. Locomotive engineer, But in many Grocery; Wom-

Statement of Cause of Death—Name, first, the Disease Coursing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as pproved by Committee on Nomenclature of the Examples: Accidental drowning; Struck by roilway trainor as probably such, if impossible to determine definitely State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Exhaustion, "Debility" atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection new disease (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid causing death), 29 ds.; Bronehopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJUNY cough; ("Congenital," "Senile," etc.), "Dropsy, on," "Heart failure," "Haemorrhage, Chronic valvular heart diseose;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF	OF DEATH
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OF	MARYLAND-CERTIFICATE	OF DEATH	06611

1. PLACE OF DEATH				
County_ Harford	Registration Dist. No. 18			
	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)			
Length of residence In city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.			
2. FULL NAME About 3 mos miscarriage	Hawkins			
(a) Residence; No. (Usual place of abode)	St., Ward. If nonresident give city or town and State			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR BACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH June 16th/32 (Month) (Day) (Year)			
5a. If married, widowed, or divorced	(Month) (Day) (Year)			
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased in the state of the sta			
	, 19, to, 19, 19			
6. DATE OF BIRTH (month, day, and year) June 16th/32	I last saw h; death is said			
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date steted above, atm. The PRINCIPAL CAUSE OF DEATH end related causes of importance			
ormin.	were as follows:			
8. Trade, profession, or particular / kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	3 months miscarriage			
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and				
work was done, as SILK MILL, SAW MILL, BANK, etc.				
D. Date_deceased last worked at 11_Total time (yeers)				
this occupation (month end year) spant in this occupation				
12. BIRTHPLACE (city or town) Aberdeen, Md. R. D.# 2-(State or country)	Other Contributory Causes of Importance:			
13. NAME Charles Woolsey Hawkins				
13. NAME Charles Woolsey Hawkins 14. BIRTHPLACE (city or to Churchville, Md	Name of operation Dete of			
(State or country)	What test confirmed diagnosis? Was there an autopsy?			
15. MAIDEN NAMEIda Eugenia Lilly	23. If death was due to external causes (VIOLENCE) fill in elso the following:			
15. MAIDEN NAME Ida Eugenia Lilly 16. BIRTHPLACE (city or town)	Accident, suicide, or homlcide? Date of injury19			
(State or country) Churchville Md.	Where did injury occur?			
17. INFORMANT Mother (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.			
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury			
Place,19	Nature of injury			
Those,	24. Was disease or injury in any way related to occupation of deceased?			
19. UNDERTAKER (Addless)	If so, specify			
Carriette 32-100 Mechan	(Signed) I C [Law Azay M. D.			
20. FILED Registrar.	(Address) Aberdeen, Md.			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		t .	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

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STATE OF MARYLAND	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	3
County Narfard THE WATONATOL	Registration Dist. No. 185
Village or City Nafre - de - Grace	No. Haspital St. Wa
	(If death occurred in a hospital of institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs	_mosds. How long in V.S. If of foreign birth?yrs,mos
2. FULL NAME Nor Named	follers
(a) Residence: No. Oylesville, md-	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWEL OR DIVORCED (write the word	21. DATE OF DEATH
semale while Infant.	(Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased fr
(or) WIFE of	
6. DATE OF BIRTH (month, day, and year) 16 - 193	
7. AGE Years Months Days If LESS that	
1 day,	hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance
8 Trade, profession, or particular	were esfollows:
No Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
Industry or business in which	Still Born
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et	- DAM Man personal and a second
O 10. Date deceased last worked et 11. Total time (years) spent in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Navre - de - Grae	
(State or country) Maryland -	
13. NAME Frank Halding	
14. BIRTHPLACE (city or town) J. Montgamery Co	Name of operation Date of Date
(State or country) Jurgnus	What test confirmed diagnosis? Was there an eulopsy?
15. MAIDEN NAME Jashe Edward	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Sagle Edward 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
E (State or country). North Carolina	Where did injury occur?
17. INFORMANT Frank Halling	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, er in PUBLIC PLACE.
(Address) Partiel . Rus.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place lingel full Date June 1/19.	32. Nature of injury
19. UNDERTAKER Lewington & Sou	24. Was disease or Injury in any wey related to occupation of deceased?
(Addiess) Plane de Trale Mu	If so, specify A
Jun 11 226 Park (2.1. 1)	(Signed) Charles I Insleed M.
20. FILED Miles 6 , 197 Calles John Registra	of the state of th
<i>H H</i>	strar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example L		Example II	
The principal cause of death and related causes of importance were as follows:		of importance were as follows:	
Arterioscierosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

0	f infor-	l state	CUPA.	/
1	item of	should	OO Jo	4
	ECORD. Every i	PHYSICIANS	xact statement	
SINDING	ERMANENT R	EXACTLY.	classified. E	4
FOR E	IS A PI	stated]	properly	rertificat
MARGIN RESERVED FOR BINDING	IG INK-THIS	AGE should be	that it may be	one on back of
MARGIN	TH UNFADIR	ly supplied.	lain terms, so	See instructi
•	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on hack of certificate
V. S. No. 1	N. B.—WRITE	mation s	CAUSE	INON is

	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(34)
County Harford	Registration Dist. No. 180
	ND. St., W death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs, mos.
2. FULL NAME Edith Eliza Jones (a) Residence: ND. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year) (Year)
ia. If metried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased in
(W/ MIL VI	may 14 ,19 32, to June 1 ,193
6. DATE OF BIRTH (month, day, and year) Moy 14, 1932	I last saw hand alive on many 1937, deeth is
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, atm.
ormin.	The PRINCIPAL CAUSE OF DEATH and related couses of importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc.	200
SAWYER, BDDKKEEPER, etc	Congenial Syphilis.
work wes done, as SILK MILL, SAW MILL, BANK, etc.	0 1/
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. Industry or business In which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) Occupation	
·// 2-0	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town) 1710 (State or country)	
(State or country)	Name of operation Date of Was there en autopsy?
1-0	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?, 19
17. INFORMANT Margaret Jones (Address) Chundlingle med	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL Place Formy Country Date June 3, 1932	Manner of injury
9. UNDERTAKER Horand K Micloman (Address) 45 - 7 dim. md	Nature of injury 24. Wes disease or injury in any way related to occupation of deceased?
20. FILED J. 3 Tred Morlok	(Signed) (Address) Trial Hell m

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF PEATH	820
County Harford	Registration Dist. No./ 8
Village or City Ciberdeen R. T. &	No. St., Ward
0-/	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos,ds.
2. FULL NAME Ella Mora Kalmba	cher.
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Funal White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 27 193 2 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of J. Hadfred Kalmbackan	22. I HEREBY CERTIFY. That I attended decaased from 1932, to June 27, 1932
6. DATE OF BIRTH (month, day, and year) Det. 16 -1876	I last saw her alive on June 26, 193 2, death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date saled above, at 6:34 2.m.
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows
8. Trada, profession, or particular kind of work done, as SPINNER. Annumber SAWYER, BOOKKEEPER, etc.	Cultillogerores 7 ges-
SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at his generating from this generating from the same than the same tha	
10. late deceased last worked at this occupation (month and 1929 11. Total tima (years) spent in this occupation	
12. BIRTHPLACE (city or town) Hanne	Other Contributary Copies of Importance
(Stata or country)	
13. NAME Combroal Waldson 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation
(Stata of Country)	What test confirmed diagnosis?
15. MAIDEN NAME Standard Vildson 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
17. INFORMANT Mr. & Solfred Balmbaken (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY of HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place My Jim Consky Date June 30 , 1932	Nature of injury
19. UNDERTAKER Henry Janing Idons (A) dress) Laterdien Fred	24. Was disease or injury in any way related to occupation of deseased?
20, supo 30, 1937 Oniva (My	(Address) Cleudenskie M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

. 8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	927 Peritonitis	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

MARGIN RESERVED FOR BINDING	B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
. No. 1 MARGIN RES	B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PER mation should be carefully supplied. AGE should be stated E) CAUSE OF DEATH in plain terms, so that it may be properly of TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	920
County Slantond	Registration Dist. No. 185
Village or City Lave de Frace.	No. St Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
20. 0 +H V. 110	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME CURACUL COFFE	ors
(a) Residence: No. 3 18 Tranklin (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	June 76 - 1982
5a. If married, widowed, or divorced	(Month) (Day) (Year)
(or) WIFE of Allast Geller.	22. I HEREBY CERTIFY, That I attended deceased from
1 2 2 2 2	March 8 1932, to me 76 - 1932
6. DATE OF BIRTH (month, day, and year) The 9- 184-9.	I last saw h and alive on 193 2; death is said
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at
O D // ormin.	were as follows: Date of onset
8. Trade, profession, or particular kind of work dona, as SPINNER, The Purple of SAWYER, BOOKKEEPER, etc.	Habrila Deart 131
4 9. Industry or business in which	Tear
work was dona, as SILK MILL, SAW MILL, BANK, etc	
10. Date dacaased last worked at this occupation (month and spant in this	
year) occupation occupation	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town) (State or country)	fort Sold in
	or can Garden sug
14. BIRTHPLACE (city or town)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
E /	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (Stata or country)	Accident, suicide, or homicide? Data of Injury, 19 Whera did injury occur?
Min Pon Laller	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
17. INFORMANT (Addrass) The second of the se	Specify and in injury occurred in introduct, in nome, of introduct FLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Myll Pale pures, 19 07	Nature of injury
19. UNDERTAKER Thursday tour	24. Was disease or injury In any way related to occupation of deceased?
(Addiess) Pour de Tracerua	II so, specify
20. FILED June 28, 1932 Charles J. Foley Th.D. Registrar.	(Signed) Mres 16, Day M. D. (Address) Home Dr Ence Vaul
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II The principal cause of death and related causes Date of importance were as follows:	
The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
a system			
Other contributory causes of importance:		Other contributory causes of importance:	E-11 3 H
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	THE 178 8: (21)
county/ Varford	Registration Dist. No. 185
Village or Cit Havre de Gace	No. / St. Ward (If death occurred in a hybital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 2 yrs.	mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAMES ran Shomas	Logan
(a) Residence: No. 118 H. Alokeo S.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR_OR_RACE 5. SINGLE, MARRIED, WIDOWE	MEDICAL CERTIFICATE OF DEATH
Male tohete Parried	
5a. If married, widowed, or divorced HUSBAND of Mary Clley, Loans	1 HEREBY CERTIFY, That I attended deceased from
1.0.11/129	5) Une 6 ,1932, to Jan 30 ,1932
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS th.	I last saw have alive on to have occurred on the date stated above, at 1, 19 3 ; death is said
39 11 14 1day,	
8. Trade, profession, or particular	were as follows:
SAWYER, BOOKKEEPER, etc. Jegnal Mainlan	new Cardina Furompia 630-3.
Industry or business In which work wes done, as SILK MILL, SAW MILL, BANK, etc	
ID. Date deceased last worked at this occupation (month and year) this occupation (month and year) occupation occupation	yno
12. BIRTHPLACE (city or town) Cecil Co Md.	Other Couribatory Causes of importance:
(State or country)	+ Off selion for some 6-631
13. NAME Wesley tryan 14. BIRTHPLACE (city or town) Ceeily Co	The last of
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of 933
15. MAIDEN NAME Cora B. Vreeland	What test confirmed flag fosis?
SE DIDYHOLAGE CHILL AND YOUR BY	23. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) Can Canada (Stete or country)	Where did injury occur?
17. INFORMANT Mrs. May Ellew ga	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURING CREMATION OR REMOVED Com. July 3, 19	Manner of injury
TP Made and Mittel	/ Nature of implify
19. UNDERTAKER / Machell (Address) Havrede Stace, Trid.	24. Wes disease or injury in any wey related 0 occupation of deceased? If so, specify
20. FILED July 1, 1032 Charles & Tolay &	
20. FILED THE Registra	(Signed) M. D. (Address) Lagra D1 G1 Luck

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis V. S.	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis U	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER S	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-2
County Danford	Registration Dist. No. 181
Village or City Wordlaw	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 75 yrs,	ds. How long in U.S. if of foreign birth?yrsmos ds.
2. FULL NAME James Maullon	
(a) Residence: No. Alandlen Musual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVERCED (write the word) 5. If married, widowed, or diversed	21. DATE OF DEATH Since (5 193 2 (Month) (Day) (Year)
6. DATE OF BIRTH (month, day, and year) Feb 2 ~ 1857	22. I HEREBY CERTIFY, That I attended deceased from 19-32 to June 14 , 19-32 Viast saw h. Lun alive on 6-12 + 14 , 19-32; death is said
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 7=16_a_m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular/ kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or . business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Myrertillo 6-12-35
11. Total time (years) spent in this occupation (month and 1932 12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance:
13. NAME Elieu Mactor	Name of operation 2000 Date of
1 (State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT & State V: Wring	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
(Address) 229 Barber age. Mordbery h. J. 18. BURIAL, CREMATION OR REMOVAL Place Who Calley County Oate June 18 , 1932	Manner of Injury
19 UNDERTAKER Stray Jarren Stores (Address)	24. Was disease or injury In any way related to occupation of deceased? If so, specify
20. FILEO TELE 17, 1952 - O.C. Vaclaet Registrar.	(Signed) M.
If more blanks are needed, address State Registrar,	2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		MEDEIVED	
Other contributory causes of importance:	100	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

		44	

· 1	STATE (OF MAR	YLAND-	CERTIFIC	CATE C	F DEA	TH (16617
1. PLACE O	F DEATH,				-(82-a)			7 100
County_	Harford	WITH	M COSPOSATA	LIMITS 9F		, Registration D	ist. No. 18	5
Village or	city Havrede	Beace			St. Cla	in Sh.	St.,	Ward
	idence in city or town where	death occurred	8 yrs 5 mos	death occurred in a h	ospital or institution ong In U.S. if of fo			
2. FULL NA (a) Reside	ME Charle	2 Henry	w ME	Farland	e			
(a) Reside	nce: No. 563	St. Clai	In 51-	St V	Ward.			
		(Usual place					ve cily or town	
3. SEX	AL AND STATIST				EDICAL CER	RTIFICATE	OF DEATH	
Male	3. COLOR OR RACE		RIED, WIDOWED, O (write the word)	21. DATE OF		(Month)	ろ ^(Day)	, 198 (Year)
5a. If married, wido HUSBAND of (or) WIFE of	Collier P.	n. We to	rland	22. I H	EREBY	CERTIFY	. That I attend	ed deceased from
6. DATE OF BIRTH	(month, day, and year)	Dic 9	1853	I last saw h	~ alive on	une //	3 19 5	31. death is said
	ars Months	Oays	If LESS than	to have occurred or	n the date stated a	bove, at 12	m.	, death 13 3414
/	8 5	26	1 day,hrs.	The PRINCIPAL Co	AUSE OF DEATH	and related causes	of importance	Oata of onset
- SAWYER	ssion, or particular work done, as SPINNER, , BOOKKEEPER, etc	Farm	rer!	Cem	rebra	l.he	mostle	96
Industry or work we SAW MI	business in which s done, as SILK MILL, LL, BANK, etc	imploye	d.	,				
10. Date decease this occurryear)	ed last worked at pation (month and Zir. 19	26 11. Total ti span	me (years) It in this 50 700 pation					
12. BfRTHPLACE (c	tuartown Pa.		position	Other Coutributory	Causes of Importa	nce:		
(State or cou	, , ,							
13. NAME	ohn M	Efarle	and					
HILE 14. BIRPHPLAC		rknow	~~	Name of operation.			Date of	
(State 0	country)	-	///	Whet test confirmed	d diagnosis?		Was there a	in au'opsy?
15. MAIDEN NA	ME agnes	Good	ling	23. If death was due	to external causes	(VIOLENCE) fill	n also the follow	/ing:
	(city of town)	Thio.		Accident, suicide, o		Da	te of Injury	, 19
17. INFORMANT (Address)	Mrs. Cliga	Letha.	Ostorne	Where did injury o		(Specify city or to NDUSTRY, in HOM	wn, county and S E, or in PUBLIC	State) PLACE.
18. BURIAL, CREMA	GION, OR REMOVAL	o ma	a mo.	Manner of injury				
Place	I Calvery a	Date les	ne 8, 1932	Nature of injury				
19. UNDERTAKER (Address)	Mad	igon M	itchell	24. Was disease or it	mjury Ippany was	related to occupati	on of deceased?	h
20. FILED Jun	26,1932 Cha	res J. 20	ley m.D.	(Signed) (Address	LUI	Seger	P	N. D.
0.00	If mor	e blanks are needed. a		2411 N. Charles Street	- MILL	sting 7) S. No.	A. F.	Mili

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To be complete, an occupation return must state:

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
REPERC	, 411		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE

V. S. No. 1

CAUSI LION

is very important. See instructions on back of certificate.

STATE C	F MARYLAND	-CERTI	FICATE	OF DEATH	060
OF DEATH			- (Au)		
Harford '	MIT名IR ORRFORATO LIMIT			Registration Dist. No.	185
r City Dave de	- Grace,	No			St
residence in city or town where d	eath occurred 30 yrs.	mosds.	in a hospital or insti How long in U.S. if	tution, give its NAME instead of str of foreign birth?vrs	reet and nu
AME Sauce	el J. new	carl.			
Jence: No. Lod	gel alley	. /st.,	Ward.	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
	(Usual place of abode)	V		If nonresident give city or to	own and S
r	of DEATH City Dave da esidence in city or town where de AME Say	of DEATH City Dave de Grace esidence in city or town where death occurred 30 yrs. AME Samuel J. News	of DEATH City Dave de Grael City Dave de Gra	OF DEATH City Dave de Green No. (If death occurred in a horpital or instruction of the state o	Registration Dist. No. City Dave de Grace No. (If death occurred in a hospital or institution, give its NAME instead of stresidence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. AME Same St., Ward.

Villago or City Have de Grace,	No. St., War
	f death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Samuel & Newor	al.
(a) Residence: No. Lodge alley.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) North Colored Married	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widower, or divorced HUSBAND of (or) WIFE of Kale nurvay.	1 HEREBY CERTIFY, That I atlended deceased fro
6. DATE OF BIRTH (month, day, and year) June 10-185-8,	Uast saw h alive on 1932; death is sa
7. AGE Years Months Days H/LESS than 1 day,hrs.	to have occurred on the date stated above, at
/ N / / X ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this cerupating (month and the constitution) this cerupating (month and the constitution) the second in this cerupating (month and the constitution) the constitution of the constitution o	Egremoma 3
work was done, as SILK MILL, SAW MILL, BANK, etc.	radus
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Phrestertown. (State or country) Mary Land.	Other Contributory Causes of importance:
13. NAME Wickerson	- South Carlo
13. NAME CUCKUOUNG 14. BIRTHPLACE (city or town) Country)	Name of operation Date of What test confirmed diagnosis? Chuical Was there an aulopsy? My
15. MAIDEN NAME Pulkeroun.	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?
(State or country) Curkururu.	Where did injury occur? Harris Fre wil
17. INFORMANT Mrs. Kate remray, (Address) Paire de Grace rolad,	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
16. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place At James Plan Date June 10, 1932.	Nature of injury
19. UNDERTAKER Semingtone	24. Was disease or injury In any way related to occupation of deceased?
20. FILED 200 9 , 1932 Charles J. Foley M. D. Registrar.	(Signed) T. D. Sleine M. (Address) Have In Gray Med

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
The state of the s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			<u> </u>

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Chronic interstitial nephritis	1921	Run over by street car	1 0001 6	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis		3 days ago
			GRAINS	
Other contributory causes of importance:		Other contributory can	uses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

77 ·

a s	PLACE OF DEATH	STATE OF MARYLAND
M EU	County Herson	CERTIFICATE OF DEATH
100		Registration Dist. No. 188
7=0	Village or City Coofestory (No.	St.: Ward) (If death occurred in
ACT ACT lass te.	160 011	a nospital or institu
RECOR	2FULL NAME Clizabeth U.	Heikisk stead of street and number.)
T R sated	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
EN EN OF	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED,	16 DATE OF DEATH June 22 1932
N N S S S S S S S S S S S S S S S S S S	Jesusle White OR DIVORCED (Write the word)	
IDI Wicourie	6 DATE OF BIRTH	(Month) (Day) (Year)
PEF sho	m. 1 n650	april 1932 to Sum 22 , 1932
- W	(Month) (Day) (Year)	that I jest saw how olive on Such 22 , 1932
IS IS A sed. ACE is so that struction	7 AGE [If LESS than	-12
F 18	l dayhrs.	
ED FHIST	2 73 yrs. 2 mos. ds. or min.?	
> , 550	8 OCCUPATION (a) Trade, profession or	Colon
NK-NK-Iy su	particular kind of work VouseCulus	
E E E	(b) General nature of industry business, or establishment in	(Duration) yrs 4 mos de
NG In in	which employed or (employer)	Contributory Chr. myocardilis
FADING be carefunded important	9 BIRTHPLACE (State or country)	Secondary
S T 0 m -	11.6.	(Duration) yrs mos de
A 2 2 2	10 NAME OF Russus & Prince	(Signed) Wellard O. Allthank M. D
H H I Note	0 11 BIRTHPLACE	Jun 23 182 (Address) Four Hell, Md
- SON	C (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
Mitto William	W 12 MAIDEN NAME OF A S	Accidental, Suicidal or Homicidal.
LY LY	of MOTHER Ciliza Desti	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
Caro Paro	13 BIRTHPLACE OF MOTHER	At place In the State yrs
A in go	(State or country)	Where we disease contracted.
4 035	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
ITI em sh	(Informant) James W Neihish	Former or usual residence
WRIT y iten NS sh	(R P (nn.1	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
WRITE	(Address) Jours Mol	Highland Treshy form 25. 132
0.0 E 0.0	15 Filed 6/24/22 192 V. E. Chambers	20 UNDERTAKER
M M	Registrar	Dean Hoster Bellin me
> =	If more banks are needed, address State Registra	er, 16 W. Saretega St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. if the occupation has been changed work, or At Home, and children, not gainfully em-ployed. as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-" etc., report specifically the occupations of persons en-For many occupations a especially in industrial employments, it is necesyrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the Architect, single word or term on Locomotive engineer, (b) Grocery,

Statement of Cause of Death—Name, first, the DISEAR INVESTIGET DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronehopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e.g., sepeis, (Recommendations on statement of cause of death (ejanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease carbolic acid-probably suicide. The nature of the lnjury accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," ele. causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. inges, peritonaeum, etc., Careinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles American Medical Association.) Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

1. PLACE OF DEATH	SITEIS CORPORAT I COMIT	\$ 07 (210770)
County Carford		Registration Dist. No. 185
Village or city Have	de grace,	No. St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town who		sds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME ISL	ouis nour	
(a) Residence: No. Have	de Grace.	St Ward.
DEDGONAL AND GTATIO	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATIS 3. SEX 4. COLOR OR RACE		MEDICAL CERTIFICATE OF DEATH
Tuncle ulite	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Year)
5a. If married, widowed, or divorced HUSBAND of	/ /	
(or) WIFE of		22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	unel 23-1928	
7. AGE Yeers Months	Days If LESS then	to have occurred on the date steted above, at 8: 156.m.
4 2	14 1 day,hrs.	meteors e follome.
8. Trade, profession, or particular kind of work done, es SPINNER,	71 -	Compared Fracture of skell Date of one
SANTER, DOURNELFER, etc.	roue,	Insulmatic amountation of
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc		left arm as shoulded
10. Date deceased last worked at this occupation (month and	II. Totel time (years) spent in this	shature lift claricle scapule
year)	occupetion	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Place	- de Trace.	and abragions.
(State or country)	eoryland.	auto accident
13. NAME alfredo	rope.	
14. BIRTHPLACE (city or town)	1	Name of operation Date of
(Stete of country)		What test confirmed diagnosis? Was there en eulopsy? Ke
15. MAIDEN NAME OLDO C	ocoto (1) c amounts	23. If deeth was due to externel ceuses (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) (State or country)	Etalia	Accident, suicide, or homicide? Les Accident, Date of Injury 6 17 , 193
Al 1 - A		Where did Injury occur? (Specify city or town, county and State) Specify whether pajury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address)	le Lane	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	C C C C C C C C C C C C C C C C C C C	Menner of Injury Car hit child
Plece Mt tring Le	u. Dete June 10 , 132	- Nature of Injury
19. UNDERTAKER Permin	tours.	24. Was diseese or Injury In eny way related to occupation of deceased?
(Addiess) Have of	I Grace rud.	If so, specify
20. FILED June 9, 1932 Ch	ules J. Foley, m. D. Registrar.	(Signed) Joseph Han burger Coronan
16		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	and the same of th	Example II	
The principal cause of dof importance were as for Arteriosclerosis		Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephriti	8	1921	Run over by street car	1 week ago
Cerebral hemorrhage	JUL 2 1932	July 5, 1927	Peritonitis	3 days ago
	BUREAU V.S.			
Other contributory cause	es of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN					

STATE OF MARYLAND

82-0

CERTIFICATE OF DEATH

Registration Dist. No.

1 HEREBY CERTIFY, That I attended the deceased from

St.: Ward)

(If death occurred in a hospital or institu-tion, give its NAME is stead of street and number.)

MEDICA	LUERIFICAT	E OF DEATH	
DATE OF DEATH	0	35	193
***		,	1 17 %
	(Month)	(Day)	(Y

and that death occurred on the date stated above, at

The CAUSE QF ..(Duration)

Secondary (Dugation)

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place In the State.....yrs.....mos.....ds. of death .. yrs......ds. Where was disease contracted,

if not at place of dea.h?

Contributory

OR REMOVAL

DATE OF BURIAL

M. D.

20 UNDER

If mora bianks are neaded, address State Registrar, 16 W. Saratoga St., Balto., Requasting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation laborer, additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Screent, Cook ployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Housework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know Civil engineer, Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Stationary fireman, etc. But in many (a) the kind of work and also (b) the (b) Automobile factory. The materia Architect, person, irrespective of Locomolive engineer, Grocery.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disc. se. Examples: Cerebrospina fever (the only definite synonym is "Epidemic cerebross; inal meningitis"); Diphtheria (avoid use of "Croup Typhoid fever (never report "Typhoid Pneumonia").

Lobar pneumonia, Bronchopneumonia ("Pneumonia")

approved by stated unless important. Example: Measles (disease tetween) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar/ Chronic interstitial nephritis, Whooping cough; American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," can be ascertained as the cause. peritonaeum, etc., Carcinomu, Sarcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid or intercurrent) Committee on Chronic affection need etc. The contributory valvular heart Nomenclature Always qualify all " Shock," disease; not be "elc.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Exact statement of OCCUPA

properly classified.

See instructions on back of certificate.

TION is very important.

County Advisors of City County Officers of County Advisors of City County Officers of County Officers of County Advisors of County Officers of County Offi	STATE OF MARYLAND	CERTIFICATE OF DEATH
Village or City. Length of residence in city or town where death occuryed. Length of residence in city or town where death occuryed. 2. FULL NAME Mary Length of residence in city or town where death occuryed. (a) Residence: No. (Usual place of shock) St., Ward. Bronneddrat give city or town and State PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SIK MEDICAL CERTIFICATE OF DEATH 2. DATE OF BERTH (month, day, and year) T. AGE **COLOR OR RACE 5. SIK MEDICAL CERTIFICATE OF DEATH 2. DATE OF BERTH (month, day, and year) T. AGE **COLOR OR RACE 5. SIK MILL SAW, MILL SAW, MILL SAW, SAW, SEC. 1. SAW (MILL SAW, SAW, S	1. PLACE OF DEATH	97
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Clid death occurred in a hopital for institution, give its NAME instead of street and number)	Village or City allerdeen R. F. D #1	
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Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Action Against Oate Action (Address) 19. UNOERTAKER Action Against Street (Address) 19. UNOERTAKER Action Against Street (Address) 19. UNOERTAKER Action Against Street (Address) (Addr	E 15. MAIDEN NAME	
Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Action Against Oate Action (Address) 19. UNOERTAKER Action Against Street (Address) 19. UNOERTAKER Action Against Street (Address) 19. UNOERTAKER Action Against Street (Address) (Addr	16. BIRTHPLACE (city or town)	
17. INFORMANT Mus. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Action of Control of Company Oate of Control	(State of country)	(Specify city or town, county and State)
18. BURIAL, CREMATION, OR REMOVAL Place July July Oate July 5, 19.3.2 19. UNOERTAKER Across July July 19. UNOERTAKER Across Grand Street Str		Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
Place Action Against County Oate 1993.2 Nature of injury. 19. UNOERTAKER Across Strong Strong (Address) (Address) (Address) (Signed) (Signed) (Signed)		
19. UNOERTAKER Alerry Javany Stras (Address) (Address) (Company Care Company Car	7 1 - 1	
(Address) Allegan my If so, specify the	11	
January 1 to 2. Of Miletail (Signed) + Parangleson M.D.		
20. FILED MU 4 1997 CM MUCRON (Signed) I M.D.	(Aggress) since greet my	CP & Select of
Registrar (Address) Coultrator My		David Tall

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. SVNo. 1.

V. S. No. 1

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Example I		Example II	
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Arteriosclerosis	1915	Allack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago
	1	9 43 A	
Other contributory causes of importance:		Other to tributory causes of importance:	
Gallstones	May 1,1923	Consequentis	1 year

STATE OF	MARYLAND-	-CERTIFICATE	OF	DEATH
		The state of the s		

06624

1. PLACE OF DEATH	
County Harford SITHIN CORPORATILIMIT	Registration Dist. No. 185
Village or City Have de Grace.	No. St Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Michael & M. Sutar	
(a) Residence: No. Stokes St.	St. Ward.
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Jeen & Suture	22. I HEREBY CERTIFY, Thet I attended deceased from
	Jan 1932, to June 25, 1932
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than	last saw h alive on 19-32 deeth is said
0 a l l day,hrs.	to have occurred on the date stated above atm. The PRINCIPAL CAUSE OF DEATH end related causes of importance
8 Trade profession or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	And the second of the second o
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	- Journal Journal
SAW MILL, BANK, etc	
O Date deceased last worked at this occupation (month and spart in this occupation occupation	
21 . 1 . 21	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country) (State or country)	
13. NAME Vieleslas A. Sentar:	Lachyna,
14. BIRTHPLACE (city or town) Range de Grace.	Name of operation Date of
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME May Hotelet. 16. BIRTHPLACE (city or town) Plant de Grace.	23. If death was due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town) Plant de Trale.	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT alongo dutter	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	
Place augel Hill Date June 28:19 32,	Nature of injury
The state of the s	
19. UNDERTAKER femme for sow. (Address) Pare del Grace, Med;	24. Wes disease or injury In eny way releted to occupation of deceased?
20, FILED June 28 1933 Thurles & Folia	(Signed) Charles toly M. D.
Registrar.	(Address) Johann Cardinan Med.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	To the Real Property of	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOI	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-----------	---------	------------	----	-----------

1. PLACE OF DEATH	7	23	y.	0025
County Sale to	1	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Registration Dist. No. / 8	3-2
Village or City_ A Melle	or .	No.	St.,	Ward
Length of residence in city of town where death		death occurred in a hospital or institution, ds. How long in U.S. if of fore		
2. FULL NAME Harsh	(Jalin	illes		
(a) Residence: No.	1 Duna	St., Ward.		
	(Usual place of abode)	St., ywaru.	If nonresident give city or town and	State
PERSONAL AND STATISTICAL			TIFICATE OF DEATH	
Hall Hull	SINGLE, MARRIED, WIDOWED, OR BIVORCED (Table the word)	21. DATE OF DEATH	ne 6 lonth) (Day)	, 193 2 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Monl			ERTIFY, That I attended	deceased from
6. DATE OF BIRTH (month, day, and year)	1016.1891	I last saw h alive on 2	1 1932	: death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated abo	ove, at 8 9 m.	
36 10	2, 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH an were as follows:	d related causes of importance	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.	· · · · · · · · · · · · · · · · · · ·	fulmona	y Inhacularo	
▼ 1. Industry or business in which	www.			
work was done, as SILK MILL, SAW MILL, BANK, etc				
O 10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this	. н		
year)	occupation	Other Contributary Causes of importance	e:	
12. BIRTHPLACE (city or town) (State or country)	do to me			
13. NAME INTERNAL A TO	Lauly.			
14. BIRTHPLACE (city or town)		Name of operation Zeon	Pate of	
(State or country)	ul		- 4 X-ray Was there an a	utopsy? Two
15. MAIDEN NAME HALL ME	Telligan	23. If death was due to external causes (
15. MAIDEN NAME (State or country)	1651	Accident, suicide, or homicide?	Date of Injury	, 19
(State-or country)	79 VID 1111	Where did injury occur?	Specify city or town, county and State	•)
17. INFORMANT AND SELECTION (Address) Confessions	a frager for	Specify whether injury occurred in IND	USTRY, in HOME, or In PUBLIC PLA	IĆE.
18. BORIAL CREMATION, OF REMOVAL	(6.00 21	Manner of injury		
Change Carller Clin Da	ite ferrel 192 1	, Nature of injury		
19. UNDERTAKER Selection (Address)	my our.	24. Was disease or injury in any way rel	ated to occupation of deceased?	no
20. FILED June 7 , 193 Mr. Eg. 1	Echandson Registrar.	(Signed) (Address) Bell	du rid	M. D.
If more blanks	are meeded address State Parist	and M. Chalassan B. Lin B.	Ø1 C N	

STATE OF MARYLAND—CERTIFICATE OF DEATH

2000

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attock of emlepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

should state M OCCUPA. WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement PHYSICIAN AGE should be stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. ration should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be -WRITE PLAINLY

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

06626

1. PLACE	OF DEATH			159	0000
County	Harford			Registration Dist. No.	82
	Village or City Keelswea (If Length of residence in city or town where death occurredyrs,mos.			No. St., death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth?yrs	number)
2. FULL N	AME Orfan	+ Dyl	er		
(a) Reside	ence: No.	(Usual place	-(-)	St., Ward. If nonresident give city or town as	J State
PERSO	NAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	Id Diate
3. SEX Ferm	4. COLOR OR RACE	5. SINGLE, MAR	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH 20 (Month) (Day)	, 193 (Year)
5a. If married, wide HUSBAND of (or) WIFE of	owed, or divorced			22 HEREBY CERTIFY, That I attende	d deceased from
6. DATE OF BIRTH	(month, day, and year)	une 2	0.1932	I last saw her alive on June 20 1937	death is said
	ears Months	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Nind of SAWYE	fession, or particular i work done, as SPINNER, ER, BOOKKEEPER, etc. r business in which vas done, as SILK MILL, IILL, BANK, etc.			Premolare Buch	
- 100	ased last worked at cupation (month and	spe	ime (years) nt in this upation	Other Coutributory Causes of importance:	
(State or co	Benjan	un D	yler		
I4. BIRTHPLA	CE (city or town))	Name of operation Date of	
15. MAIDEN N	50	push	y	What test confirmed diagnosis?	ng: , 19
18. BURIAL, CREMA	larks chap	n Date Jun	nc 20, 1932	Manner of injury	
19. UNDERTAKER (Address) 20. FILED Jan	Falher	Richan	As on Registrar.	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) ANIAL Hard	M. D.

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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		O STATE OF THE O	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH (23) Village or City 2FULL NAME. do PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. Man 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. 90 WIDOWED OR DIVORCED may (Write the word) (Month) 6 DATE OF BIRTH 17 I HEREBY CERTIFY, That I attended the decemed from (Month) (Day) that I last saw h AL allve on If LESS than 7 AGE I day hrs. The CAUSE OF DEATH * ESERVED or min.? 8 OCCUPATION tel 99 (a) Trade, profession or particular kind of work plat (b) General nature of industry business, or establishment in 2 mporta which employed or (employer) Contributory ARGIN 9 BIRTHPLACE Secondary (State or country) DA (Duration) E ILI OF 10 NAME OF 3 14 20 1937 (Address) 11 BIRTHPLACE (n) Lu OF FATHER CAUS ENT ation (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME AR OF MOTHER inform state CCUP/ ienta or Recent Residents) 13 BIRTHPLACE At place OF MOTHER of death yrs mos. ds. 00 (State or country) of Where was disease contracted, 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of dea.h?..... shoul Every item CIANS sho statement usual residence.. 19 PLACE OF BURIAL OR REMOVAL (Address) 20 UNDER If more blanks are needed, addre a State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 4

(If death occurred inWard) a hospital or institution, give its NAME it stead of street and number.)

MEDICAL CERTIFICATE OF DEATH

(Day)

and that death occurred on the date stated above, at

(Duration) vrs. mos.

M. D.

*State the I is ase Causing Death, er, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-In the

ADDRESS

DATE OF BURIAL

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

laborer, Farm laborer, Laborer state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Spinner, (b) Colton mill; (a) Salesman. should be used only when needed. As examples: (a) cases, especially in industrial employments, it is necescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6, yrs.. For persons who have no occupation business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed. as Al school, or Al home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the (a) Foreman, (b) Automobile factory. The materia additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil angineer, the first line will be sufficient, e.g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queshousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, For many occupations a without more precise specification as Day Stationary fireman, etc. But in many single word or term on -Coul mine, etc. Wom-(b) Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospina to time and causation), using always the same accept-EA :: CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Dis-Typhoid fever (never report "Typhoid Pneumonia"); pneumonia, Bronchopneumonia ("Pneumonia,

> "(Inanition," "Marasmus," "Old Age," "Shock," Aftherican Medical Association.)
>
> If this certificate is looked over thoroughly and a'l quistions answered in detail, it will prevent further correspondence. All the approved by Committee on Nomenclature teanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify ali "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Come," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary). stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury. Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely (secondary as fracture of skull, Recommendations on statement of cause of Never report mere symptoms or terminal condicough; or intercurrent) Chronic and consequences (e.g., sepsis, valvular heart disease, etc. The contributory affection need not be Measles; death

permanently filed. essential and must be obtained before the certificate is

STATE OF MARYLAND CEPTIFICATE OF DEATH

- Kaot	PLACE OF DEATH County Harford		STATE OF N	
ed.		(159)		Dist. No. 182
SSIFE	Village or City (No	0-10-10-1-10-1-10-1-10-1-1-1-1-1-1-1-1-	St.:Ward)	(If death occurred in a hospital or institu-
ated EXAC	2FULL NAME Wea	ver	***************************************	tion, give its NAME is stead of street and number.)
oper	PERSONAL AND STATISTICAL PARTICULARS	MEDICA	L CERTIFICATE C	F DEATH
be st be pr ck of	male White Single, MARRIED, Single OR DIVORCED (Write the word)	16 DATE OF DEATH	(Month)	28 ⁻⁶ , 1932 (Day) (Year)
hou it m	6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h AM	1982 to Ju	ended the decemed from 182, 182,
plied. ACE s rms so that instructions	7 AGE If LESS than I day / hrs- yrsds. ds. ormin.?	The CAUSE OF DEATH		above, at 3 Fi.m.
y sup ain te See	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	(5 2 m	oriths o	gestalion)
uld be carefull F DEATH in pla very important.	B BIRTHPLACE (State or country) State or country)	Contributory Secondary	(Duration)	yrs. mos ds.
OF DE	10 NAME OF Solve Paul Weaver	(Signed) 9.7	(Address) 13 et	Tibber Hd
CAUSE TION is	OF FATHER (State or country) North Carolina 12 MAIDEN NAME 12 MAIDEN NAME		ase Causing Death, e (1) Means of In Homicidal,	er, in deaths from ury and (2) Whether
state CCUPA	of Mother Carrie PerRice 13 BIRTHPLACE OF MOTHER (State or country)	At place of death	dents) In the sds. State	ais, Institutions, Trans-
of o	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contra if not at place of death	cted,	
Every item CIANS sho statement o	(Informant) July Paul Weaux (Address) Bulair M.D.	19 PLACE OF BURIAL	OR REMOVAL	DATE OF BURIAL
Eve CIV	15 Filed June 9 8 1982 M. E. Richardson Registrar	20 UNDERTAKER Father		ADDRESS Cres well

V. S. No. 1

PERMANENT RECORD

UNFADING INK--THIS IS A

MARGIN RESERVED

FOR BINDING

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from fired 6 yrs. For persons who have no occupation guged in domestic service for wages, as Servard, Cook, Housemaid, etc. If the occupation has been changed should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, ployed as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, erc., For many occupations a single word or term on without more precise specification as Day (b) Automobile factory. The material (6) Grocery,

Statement of Cause of Death—Name, first, the DISEA. If AUSTING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

telanus) may be stated under the head of "contributory." aecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY diseases resulting from ehildbirth or miscarriage as "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Sanile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Meastes; inges, peritonaeum, etc., Carcinonia, Sarconia, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train-State eause for which surgical operation was underean be ascertained as the eause. Always qualify all eausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be American Medical Association.) Recommendations on statement of cause of death Whooping cough; Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and a'l qu-stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(8):0)
County Harford	Registration Dist. No. 1821
Village or City Fountain Theen	NoSt., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or flown where death occurredyrsmos.	
2. FULL NAME George augustus	Willis
(a) Residence: No. How and Trees (Usual place of abode)	SMA. Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR, DIVORCED (write the word) That	21. DATE OF DEATH June 30 ,198 2
5a. If married, widowed of divorced HUSBAND of	
(or) WIFE of avina Unna Willis	1 HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) lucy 31, 1852	I last saw harmalive on State 36 1932 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1 45 Am.
79 10 0 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade profession or particular	Circlesio Aclesoso Date ol onset
kind of work done, as SPINNER, / armel	+ Central Heavenhay
John dustry or business in which work was done, as SILK MILL Com farmed SAW MILL, BANK, etc	7
10. Date deceased last worked at 11. Total time (years)	
this occupation (month end / 926 spant in this 50 % occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Urginia	Complete of the police of the
(State or country)	
13. NAME Sonothan Wellis 14. BIRTHELACE (city or town) Va	
14. BIRTHPLACE (city or town) Va	Name of operation Date of
(State of country)	What test confirmed diagnosis? Wes there an au'opsy?
15. MAIDEN NAME (rabella hlegar) 16. BIRTHPLACE (city or town) Ca	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
m Lai Q Will:	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT GO. Carried Con (Address) Gol Que Md. R. F. D. # 1	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place M. Francess. Date July 2, 19.37	Nature of injury
19. UNDERTAKER TO Madison Mitchell	24. Was disease or injury in any way related to occupation of deceased?
(Address) Havre de Grace, Md.	If so, specify
20. FILED July 2, 1982 V. E. Chambers	(Signed) J. A. Herry M. D.
Registrar. If more blanks are needed, address State Resistrar.	(Address) - Arthur - Julius - Med - 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, ctc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
AIG 5 1532			
Other contributory causes of importance:	3	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year